CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR	I. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED VOUC							HER NUMBER			
098	31	Bernard Ross Hansen									
3. MA	B. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:18-CR-00092-1-RAJ		5. APPEALS DKT./DEF. NUMBER		BER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTE		ED	10. REPRESENTATION TYPE			
USA	USA v. Hansen et al Expert Only				Appellant			Criminal Case			
11 0	FEENSE(S) CHADGED (Cite II	S Code	Title & Section) If more	than one offense list (	up to five) major offenses charged, according to severity of offense						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 18:1343.F,18:1343.F,18:1343.F,18:1343.F,18:1341.											
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix)  13. COURT ORDER											
AN	ID MAILING ADDRESS	▼ O Appointing Counsel									
Broo	ks Holland - Bar Number:	☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney ☐ Y Standby Counsel ☐ Y Standby Counsel									
P.O.	Box 3528	P Subs For Panel Attorney Y Standby Counsel									
	kane, WA 99220	Prior Attorney's Name:									
Pho	ne: 509-313-6120 Fax: 509-32	Appointment Dates:									
ı		Because the above-named person represented has testified under oath or has otherwise									
ı		satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does									
14 N	AME AND MAILING ADDRES	not wish to waive counsel, and because the interests of justice so require, the attorney whose									
14. N	AME AND MAILING ADDRES	name appears in Item 12 is appointed to represent this person in this case, OR									
Broo	oks Holland - TIN: XX-XXXXX	Other (See Instructions)									
P.O.	. Box 3528	(/ -() /									
	kane, WA 99220	Signature of Presiding Judge or By Order of the Court 6									
Pho	ne: 509-313-6120 Fax: 509-3	23-5840	)								
ı					Date of Order Nunc Pro Tunc Date						
ı		Repayment or partial repayment ordered from the person									
ı					appointment.	artiur repujinent	☐ YES	⊠ NO		is service at time	
	CLAIM	EOD S	ERVICES AND EX	VDENCEC	1 11	-		COURT US	E ONI	v	
_	CLAIM	FUKS	ERVICES AND EA	AT ENSES	1				-	11	
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	AD	TH/TECH. JUSTED OURS	MATH/TE ADJUST AMOUN	ED	ADDITIONAL REVIEW		
15.	a. Arraignment and/or Plea										
	b. Bail and Detention Hearings										
	c. Motion Hearings										
	d. Trial								- ij		
In C	e. Sentencing Hearings										
Court	f. Revocation Hearings										
~	g. Appeals Court										
	h. Other (Specify on additional si	heets)		j							
(RATE PER HOUR = \$ 0.00) TOTALS											
16.	a. Interviews and Conferences										
b. Obtaining and reviewing records c. Legal research and brief writing											
0	9 d Travel time										
2											
e. Investigative and other work (Specify on additional sheets)  (RATE PER HOUR = \$ 0.00 ) TOTALS								,	-		
17.	Travel Expenses (lodging, parking)	ig. meals				_			$\overline{}$		
18.	Other Expenses (other than expenses)								-		
					-	-		<del>)</del>	-	-	
	ND TOTALS (CLAIME)			E CERTACE	DO A PRODUMNIEN	TO THE DAY OF THE	TYON DAME	b.	CAGED	ICDOCUMION!	
19. CI	ERTIFICATION OF ATTORNE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION  21. CASE DISPOSITION									
FROM:1/1/1901 TO:1/1/1901											
22. CI	LAIM STATUS F	inal Pay	ment Interim Pay	ment Number0	Supple	mental Paymer	t With	nholding Payme	ent (	-) ()	
Have you previously applied to the court for compensation and/or reimbursement for this case?											
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this											
representation? ☐ Yes ☒ No If yes, give details on additional sheets											
I swear or affirm the truth or correctness of the above statements.											
Signature of Attorney Date											
APPROVED FOR PAYMENT - COURT USE ONLY											
23. IN		4. OUT	OF COURT COMP.	25. TRAVEL EXP	i	6. OTHER EX		27. TOT	'AL AMT	T. APPR./CERT.	
\$0.00 \$0.00 \$0.00 \$0.00					\$0.00	DATE \$0.00 \$0.00 \$0.00 DATE 28a. JUDGE CODE					
29. IN COURT COMP.   30. OUT OF THE COURT COMP.   31. TRAVI				P. 31. TRAVEL EXP	ENSES 12				APPROVED		
\$0.00				. J. Harred Dai	\$0.00	\$0.00 \$0.00					
34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE)						34	a. JUDGE CO	DE	CERTIFI	IED AMT.	
Payn	nent approved in excess of the sta	nreshold amount									